

BEST ÁVAILABLE CÓPY

| - | | | | | | | | SERIAL NO. | | | | FILING DATE | | | |
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| | MULTIPLE DEPENDENT CLAIM | | | | | | | APPLICA | 57,519 | | | 780 | | | |
| | FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | | | | | | | | |
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| TOTAL DEP. | 35 | - | <u>L</u> . | | | _ | 1 | DEP. | | | <u> </u> | | | | |
| TOTAL | 33 | | | | | | L | TOTAL CLAIMS | L | 25 V 3 | | | <u> </u> | | |
| PTO-136 | | | | | | | | CLAIMS C | D AMEN | DMENGO | U.S. DE | PARTME | NT of COM | MERCE | |